

9) IF THERE ARE NO PETS IN THE HOUSEHOLD NOW, HAVE YOU OWNED ANY PETS BEFORE?

A, Yes: ___ B, No: ___

10) IF YOU OWNED PET(S) BEFORE WHERE IS HE/SHE/THEY NOW?

A, Don't Know: ___ B, Gave Away: ___ C, Lost, Never Found: ___ D, Died: ___
E, Sold: ___ F, Never Owned: ___

Explanation:

11) IF ANY PETS DIED IN THE LAST 12 MONTHS, WHAT WERE THE CIRCUMSTANCES?

A, Old Age: ___ B, Accident: ___ C, Illness: ___ D, Disease: ___ E, Don't Know: ___
F, No Deaths: ___

Explanation:

12) NAME/ADDRESS OF VETERINARY CLINIC USED BEFORE:

13) NAME/ADDRESS OF VETERINARIAN OR CLINIC TO BE USED FOR THE NEW PET:

14) WHERE WILL THE NEW PET SPEND MOST OF HIS/HER TIME?

A, Inside: ___ B, Outside: ___ C, Inside & Outside: ___ D, Don't Know: ___

15) WHERE WILL THE NEW PET STAY WHEN NO ONE IS HOME?

A, Inside: ___ B, Outside: ___ C, Don't Know: ___

16) DESCRIBE THE PET'S OUTSIDE ENVIRONMENT: (Type shelter, fenced yard, etc.)

17) ON AVERAGE, HOW MANY DAYS A WEEK WILL THE PET BE LEFT ALONE?

1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___

18) ON AVERAGE, HOW MANY HOURS A DAY WILL THE PET BE LEFT ALONE?

A, 0 to 3 hours: ___ B, 4 to 8 hours: ___ C, Over 8 hours: ___

19) HOW LONG DO YOU INTEND TO KEEP THE PET?

20) HOW AND WHERE WILL THE PET BE EXPECTED TO RELIEVE

HIM/HERSELF?

A, Inside, On Own: ___ B, Outside, On Leash: ___ C, Outside, Fenced-In Area: ___
D, Outside, Tied/Chained: ___ E. Outside, Other: ___ F. Don't Know: ___

21) IF A TOILET SCHEDULE IS NECESSARY, WHEN WILL THE PET BE ALLOWED TO RELIEVE HIM/HERSELF?

A, Whenever Pet Signals to Owner: ___ B, Every Few Hours: ___
C. At Certain Times a Day: ___ D. Don't Know: ___ E. Not Applicable: ___

22) WHAT AGE GROUP WILL HAVE PRIMARY RESPONSIBILITY FOR HOUSEBREAKING THE PET?

A, Adult (19 and older): ___ B, Adolescent (12 to 18): ___ C, Child (Under 12): ___ D, Not Applicable: ___

23) HOW MANY PERSONS WILL BE RESPONSIBLE FOR HOUSEBREAKING OR TRAINING THE PET?

A, 1 Person: ___ B, 2 Persons: ___ C. 3 Persons: ___ D, 4 or More Persons: ___

24) WHO WILL BE FINANCIALLY RESPONSIBLE FOR THE PET?

A, Self/Adult: ___ B, Self/Minor: ___ C. Spouse: ___ D, Parent/Guardian: ___

25) HOW MUCH MONEY WILL YOU BUDGET FOR THE PET'S CARE EACH MONTH?

A, \$5 to \$10: ___ B. \$11 to \$20: ___ C. \$21 to \$30: ___ D, \$31 to \$40: ___
E, \$41 and Over: ___ F. Don't Know: ___

26) IS YOUR RESIDENCE IN THE.....?

A, City: ___ B, Town: ___ C. County: ___ D, Don't Know: ___

27) IS YOUR RESIDENTIAL AREA DESCRIBED AS.....?

A, Urban (City): ___ B, Suburban: ___ C, Rural (Country): ___
D, Don't Know: ___

28) TYPE RESIDENCE:

A, Single Family: ___ B. Duplex: ___ C, Apartment: ___ D, Condominium: ___
E, Townhouse: ___ F. Mobile Home: ___ G, Rooming House: ___ H: Dormitory: ___

29) LENGTH OF TIME LIVING AT THIS ADDRESS?

A, Less than 1 year: ___ B. 1 to 3 years: ___ C. Over 3 years: ___

30) OWN OR RENT THE HOME YOU LIVE IN?

A, Own: ___ B. Rent: ___

31) IF RENTING. WHAT ARE THE PET REGULATIONS? (Security deposits, number & size limits, e.g.)

A, _____
B, Not Applicable: ___